

REQUEST FOR COPY OF CIVIL UNIONS  
Revised: 10/1/2009

Date: \_\_\_\_\_

**PLEASE PRINT**

**DO NOT MAIL CASH**

PARTY 1 \_\_\_\_\_  
FIRST MIDDLE LAST

PARTY 2 \_\_\_\_\_  
FIRST MIDDLE LAST

DATE OF CIVIL UNION (MONTH/DAY/YEAR) PLACE OF CIVIL UNION Town

PLEASE NOTE: ONLY THE INDIVIDUALS APPEARING ON THE CIVIL UNION CERTIFICATE SHALL RECEIVE A CERTIFIED COPY OF SUCH CERTIFICATE INCLUDING THEIR SOCIAL SECURITY NUMBERS AS SPECIFIED IN C.G.S. §7-36

ALL OTHER CERTIFIED COPIES WILL ASK THE SOCIAL SECURITY NUMBERS OF THE INDIVIDUALS TO COMPLY WITH THE PROVISIONS OF C.G.S. C.G.S. §7-51a(b), §46b-25 and §8 of PA 05-10.

PERSON MAKING THIS REQUEST:

NAME: \_\_\_\_\_  
FIRST MIDDLE LAST NAME

ADDRESS: \_\_\_\_\_  
NUMBER STREET

TOWN/CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

RELATIONSHIP TO PERSON NAMED IN CERTIFICATE \_\_\_\_\_

SIGNATURE: X \_\_\_\_\_

**LEGAL FEE IS \$20.00 PER COPY.**

NUMBER OF COPIES WANTED: \_\_\_\_\_ AMOUNT ENCLOSED \$ \_\_\_\_\_

**PLEASE INCLUDE A COPY OF A PHOTO ID OF THE PERSON MAKING THE REQUEST.**

Make checks payable to: East Hampton Town Clerk  
20 East High Street  
East Hampton, CT 06424

For questions, please feel free to contact this office at (860) 267-2519 x 5.